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OPERATIONAL ACTIVITIES FOR DEVELOPMENT

Implementation of General Assembly resolution 45/217 on the World Summit for Children

Report of the Secretary-General

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I. INTRODUCTION

1. Global progress towards the achievement of the goals of the World Summit for Children, and significant results from accelerated child survival activities in the late 1980s, are being registered, despite setbacks in some complex-emergency countries. A set of mid-decade goals has been widely endorsed and action to achieve them is seriously under way in most countries. Completed national programmes of action and ratifications of the Convention on the Rights of the Child are approaching the status of near total coverage of the world's child population. High level commitment and action towards keeping the promise of the Summit are multiplying. The present report provides a brief review of major developments globally and in each region since the last updated report, recent action within the United Nations system, by non-governmental organizations and the private sector to help keep alive the promise of the Summit, and the increasingly critical issue of the resources needed to sustain the momentum. It concludes with some considerations on the mid-decade progress review called for by the Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s.

2. The World Summit for Children, held at the United Nations in New York on 29 and 30 September 1990, brought together 71 heads of State or Government, together with delegations from an additional 88 countries led by ministers and ambassadors, to focus on children around the world. They issued a World Declaration on the Survival, Protection and Development of Children in the 1990s, and endorsed a detailed Plan of Action for implementing that Declaration (A/45/625, annex) in order to reach ambitious but achievable goals for the decade of the 1990s.

3. In its resolution 45/217 of 21 December 1990, the General Assembly welcomed the adoption by the World Summit for Children of the World Declaration and the Plan of Action, and urged (a) all States and other members of the international community to work for the achievement of the goals endorsed therein; (b) the donor countries, especially, to assist developing countries in achieving those goals; and (c) all relevant organs, organizations and bodies of the United Nations system, including their governing bodies, to provide support for the follow-up of the World Summit for Children. In the same resolution, the Assembly also requested the Secretary-General to report to the Assembly at its forty-seventh session, through the Economic and Social Council at its first and second regular sessions of 1992, on the implementation of that resolution. Upon reviewing that report, the Assembly in its decision 47/447 of 22 December 1992, requested the Secretary-General to submit an updated report for consideration at its forty-eighth session. At that session, in its decision 48/446 of 21 December 1993, the Assembly again requested an updated report for consideration at its forty-ninth session. The present document has been prepared in response to the latter request.

4. The goals and objectives of the World Summit for Children have been endorsed by subsequent high level meetings such as the United Nations Conference on Environment and Development, held at Rio de Janeiro in June 1992, and the International Conference on Nutrition, held at Rome in December 1992. It is expected that the International Conference on Population and Development, to be

held at Cairo in September 1994, will also express its endorsement of the commitments made at the World Summit for Children.

II. PROGRESS TOWARDS ACHIEVEMENT OF THE GOALS FOR CHILDREN AND DEVELOPMENT BY THE YEAR 2000

A. The progress of nations

5. Four years since the event, and with the middle of the decade of the 1990s fast approaching, it is time to begin to look for results from the commitment made by the 158 countries that have signed the Declaration of the World Summit for Children and pledged to achieve a set of goals for the survival, development and protection of children by the year 2000. For a number of the goals, the data are still insufficient and monitoring mechanisms are still being put into place. For many, the 1990 baselines are only now being determined. Nevertheless, especially with reference to conditions a decade or more ago, evidence is increasingly clear that a major and widespread effort for children is under way and that, despite the numbers of children afflicted by civil conflict, natural disasters and the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in various parts of the world, there is an increasingly good prospect that a majority of the "promises" will be kept for the great majority of the world's children.

6. The momentum for these achievements was built up around the child survival and development efforts of the 1980s. The acceleration of the expanded programme of immunization in the 1980s, of efforts to disseminate knowledge and use of oral rehydration therapy, to reverse the current trend to avoid prolonged breast-feeding and to promote family planning and other basic health initiatives, gave the World Summit for Children, as it were, a running start. It is not surprising, therefore, that the strongest evidence of progress towards the goals of the Summit is in these areas.

7. Deaths from measles have declined by 60 per cent in the decade from 1982 to 1992, while reported cases of measles in developing countries have fallen by more than two thirds in the same period (see figure 1). Deaths from dehydration as a result of diarrhoea have fallen from 4 million a year to less than 3 million, thanks largely to the use of oral rehydration therapy, and the death toll from recent epidemics of cholera would have been much worse were it not for its widespread use. In 10 years, infant deaths from neonatal tetanus have been cut from more than 1 million a year to just over half a million. Polio is close to being eradicated in several regions of the developing world, with no cases registered in the western hemisphere for three years. A steady decline in polio cases throughout the developing world bears witness to the impact of the drive for universal child immunization in the late 1980s and the sustaining of high coverage since the World Summit (see figure 2).

Figure 1: Measles in Developing Countries: Reported incidence compared with immunization coverage, 1982-1993

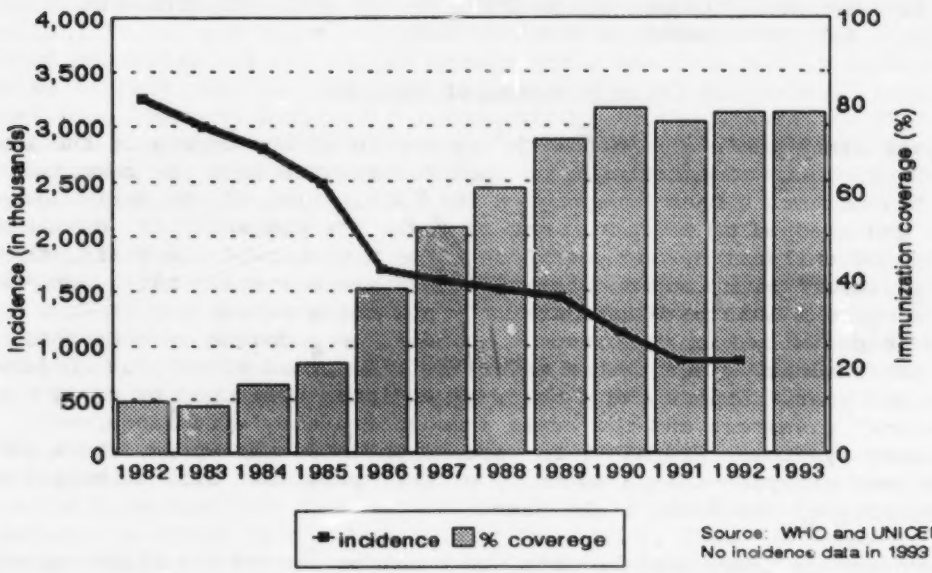
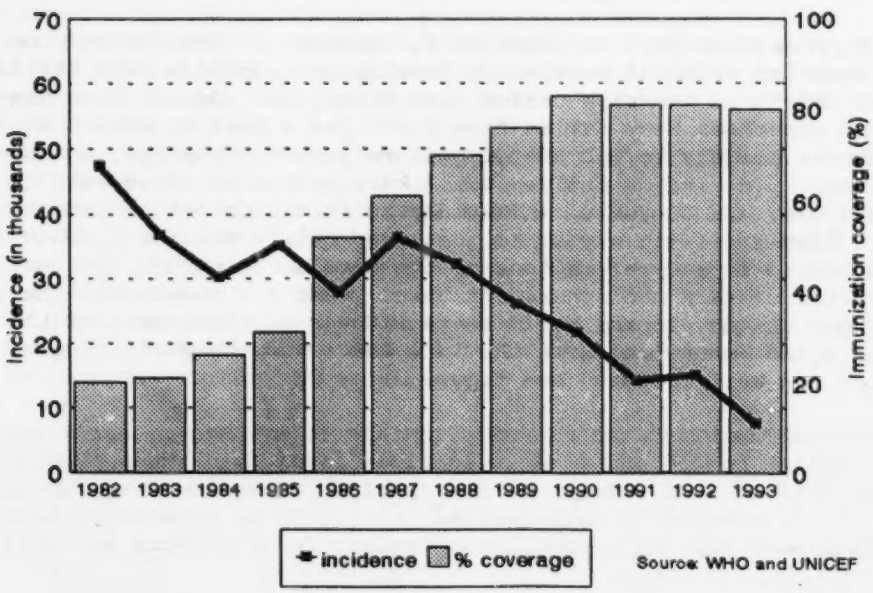


Figure 2: Polio in Developing Countries Reported incidence compared with immunization coverage, 1982 - 1993



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8. Progress is not limited to the area of child survival. The elimination of guinea worm disease (dracunculiasis) by the year 2000 is one of the goals of the Summit. From 5 to 10 million cases of guinea worm disease in the 1980s, prevalence dropped to an estimated half million cases in 1992 (see table 1).

Table 1. Reduction in cases of guinea worm disease in five countries

	Number of cases	
	Previous years	1993
Nigeria	653 000 (1988)	76 000
Ghana	180 000 (1989)	18 000
India	31 000 (1985)	800
Pakistan	1 100 (1988)	2
Cameroon	871 (1989)	72

Source: UNICEF, Progress of Nations, 1994.

9. At least three of the largest developing countries, China, Mexico and Indonesia, appear to be clearly on track towards the goal of effective achievement of primary education by at least 80 per cent of primary-school-age children, and three others, India, Brazil and Egypt, are in a position to do the same if efforts are intensified. As part of an initiative to promote the great advantages of breast-feeding, 75 developing countries have acted to end the distribution of free and low-cost supplies of breast-milk substitutes to hospital and maternity facilities. Only one country where companies carry out this harmful practice has not taken such action. Over 1,000 hospitals spread throughout the developing world are now displaying the "baby-friendly" wall plaque, which means that they are following the 10 steps to successful breast-feeding being promoted by the World Health Organization (WHO) and UNICEF, while another 13,000 are in the process of qualifying for this status.

10. World leaders who signed the World Summit Declaration promised to work for early ratification of the Convention on the Rights of the Child. 1/ As of 20 July 1994, 163 countries had become States Parties, so that 95 per cent of the world's children are now covered by the Convention. Although children's rights continue to be violated in many places and in many ways, the legal groundwork for improving their situation is now solidly in place. National programmes of action for children have been finalized by 94 nations, providing 86 per cent of the children of the developing world, and 80 per cent of all children, with practical plans for achieving national targets by the year 2000 (see table 2).

Table 2. Status of completion of national programmes of action, by region, as of 20 July 1994

	Finalized	In draft	Preparation under way	No action reported	Total	Percentage of child population (under 16) covered	
						Completed NPAs	NPAs completed or in draft
Asia	18	6	3	6	33	98	99
Latin America and the Caribbean	21	3	7	2	33	64	97
Middle East and North Africa	14	5	1	1	21	85	99
Sub-Saharan Africa	26	11	5	4	46	59	84
Central and Eastern Europe and Commonwealth of Independent States	0	0	9	18	27	-	-
Industrialized countries	14	1	3	12	30	63	67
Total	93	26	28	43	190	80	90
						(of global child population)	

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11. The possibility of virtually eliminating by the end of 1995 the world's leading cause of mental retardation and impairment as well as of goitre, namely iodine deficiency disorders, is capturing the imagination of a diversity of important supporters, ranging from world leaders such as the King of Thailand, the Presidents of the Philippines and the United Republic of Tanzania, the German Chancellor and the top leadership of China, to civic organizations such as Kiwanis International. The Salt Institute, which represents all the major exporters of salt in the United States of America and Canada, has pledged that all salt for human consumption that is exported from these countries will be iodized. The European Salt Producers Association is preparing a plan of action to assure universal iodization in Europe. In Turkey, 11 salt producers, which produce 90 per cent of that country's salt, have signed a commitment to reach 100 per cent salt iodization and to report monthly to the Ministry of Health. Many Governments, including those of China and India, have already embarked on action to iodate all salt production and all salt imports and exports. All States members of the Organization of African Unity (OAU) have pledged to do the same. Bolivia and Ecuador, the two South American countries which had the worst iodine deficiency problems, are close to eliminating iodine deficiency disorders. Universal iodization of salt by the end of 1995 is now a distinct possibility.

12. Eighteen nations, including several of the world's largest, have introduced large-scale programmes to reduce vitamin A deficiency, a micronutrient disorder that can increase child deaths from common diseases by as much as 25 per cent. Guatemala and El Salvador are fortifying sugar, while the Philippines and Indonesia have fortified monosodium glutamate with vitamin A. In Mexico, 2.5 million doses were administered to children 6 months to 3 years old in 887 high-risk municipalities during National Health Week from 25 June to 1 July 1994. President Le Duc An launched the first vitamin A day in Viet Nam on 1 June 1994, targeting 10 million children under the age of 5. These days are to be held twice yearly to sustain the coverage achieved during the 1993 immunization and vitamin A day, which reached 93 per cent of the target population.

13. These signs of progress, as may be expected, are more visible in some countries and programme areas than in others. Despite the proven merits of oral rehydration therapy, over $1 billion is still being spent on anti-diarrhoeal remedies, most of which are useless or harmful. Progress towards neonatal tetanus elimination by 1995 needs to be greatly accelerated. Significant change in the situation as regards maternal mortality is still to be registered, although a consensus on low-cost approaches is rapidly evolving. Progress against pneumonia, now the leading killer of children, is still too slow. Nevertheless, the signs are encouraging enough to merit continued and sustained effort to hold the nations of the world to their commitment.

B. The mid-decade goals

14. In 1992, as a follow-up to the World Summit for Children, OAU organized the International Conference on Assistance to African Children at Dakar, the South Asian Association for Regional Cooperation (SAARC) organized the second Conference on South Asian Children at Colombo, and the League of Arab States

held the Conference on the Arab Child at Tunis. Each adopted a set of mid-decade goals for children which subsequently received summit-level endorsement by OAU, SAARC and the council of the League of Arab States. In February 1993, the Joint Committee on Health Policy of UNICEF and WHO adopted a set of mid-decade goals derived largely from those of OAU and SAARC. These were subsequently endorsed by the Executive Boards of UNICEF and WHO in May 1993. The same session of the UNICEF Executive Board also endorsed the year 1995 as a target date for every State in the world to have become party to the Convention on the Rights of the Child, as did the World Conference on Human Rights in Vienna a month later. 2/ The Asia and Pacific Ministerial Consultation, held at Manila in September 1993, endorsed the mid-decade goals, and the Second Meeting on Children and Social Policy in the Americas, attended by 17 ministers at Santa Fé de Bogotá in April 1994, did likewise. The Francophone Summit in Mauritius in October 1993, the Commonwealth Summit in Cyprus the same month, and the Ministerial Conference of the Movement of Non-Aligned Countries at Cairo in June 1994 have also called for achievement of the mid-decade goals. On the third anniversary of the World Summit for Children, in September 1993, a round table was held at the United Nations, in the presence of the Secretary-General, at which 7 heads of State or Government, along with special envoys and foreign ministers from another 17 countries, renewed their commitment to the decade goals and endorsed the targets for the mid-decade.

15. The mid-decade goals are as follows:

(a) Elevation of immunization coverage of the six antigens of the Expanded Programme on Immunization to 80 per cent or more in all countries;

(b) Virtual elimination of neonatal tetanus by 1995;

(c) Reduction by 95 per cent of measles deaths and reduction by 90 per cent of measles cases, compared to pre-immunization levels, by 1995 as a major step towards the global eradication of measles in the long run;

(d) Elimination of polio in selected countries and regions;

(e) Virtual elimination of vitamin A deficiency (at least 80 per cent of all children under 24 months of age in areas where vitamin A deficiency exists should receive adequate vitamin A);

(f) Universal iodization of salt in countries affected by iodine deficiency disorders;

(g) Achievement of 80 per cent usage of oral rehydration therapy and continued feeding as part of the programme to control diarrhoeal diseases;

(h) Ending and preventing free and low-cost supplies of breast-milk substitutes in all hospitals and maternity facilities; achievement by target hospitals and maternity facilities of "baby-friendly" status in accordance with the global criteria of the Baby-friendly Hospital Initiative;

(i) Interruption of guinea worm disease (dracunculiasis) transmission in all affected villages by the end of 1995;

(j) Ratification of the Convention on the Rights of the Child by all countries by 1995;

(k) Reduction of 1990 levels of severe and moderate malnutrition by one fifth or more;

(l) Strengthening of basic education so as to achieve reduction by one third of the gap between the current primary school enrolment/retention rate and the year 2000 goal of universal access to basic education and achievement of primary education by at least 80 per cent of school-age children, and reduction of the 1990 gender gap in primary education by one third;

(m) Increasing water supply and sanitation so as to narrow the gap between 1990 levels and universal access by the year 2000 by one fourth in the case of water supply and one tenth in the case of sanitation.

16. Individual countries and regional groups have sometimes adopted other goals for the mid-decade as well, some of them more ambitious than those described above. Achievement of these mid-decade goals would assure that the momentum towards accomplishing the full set of decade goals is maintained. At the same time, it would avert the deaths of an additional 2 million children annually by 1996. During the coming year, therefore, progress towards these mid-decade goals will be the main yardstick for assessing the seriousness of the larger decade-long effort. Mid-1994 assessments indicate that with sustained efforts a majority of countries should achieve a majority of the mid-decade goals.

III. PROGRESS IN THE PREPARATION OF NATIONAL PROGRAMMES OF ACTION

A. Status of preparation

17. The Plan of Action of the World Summit for Children called upon all Governments to prepare national programmes of action to implement the commitments undertaken in the World Summit Declaration and the Plan of Action itself. The status of preparation of national programmes of action as of 20 July 1994 is presented in table 2.

18. The vast majority of developing countries have completed their national programmes of action. Except for some small island developing States, most of those that have not reported any action are countries affected by war, disaster or other extreme difficulties. The smallest proportion of completed or draft programmes of action is among the countries of Central and Eastern Europe and the Commonwealth of Independent States, many of which were not represented separately at the Summit. Nevertheless, 15 of these 27 countries have signed the World Summit Declaration and 8 of them have recently begun the process of preparing national programmes of action. Six of the 12 industrialized countries for which no action has been reported have populations of less than 400,000 and 4 of these less than 30,000. Thus, some 80 per cent of the world's children are now covered by national programmes of action that have been finalized, and for developing countries the figure is 86 per cent.

19. High level reviews to assess progress in implementation of national programmes of action are becoming more common following the example of Mexico where President Salinas de Gortari has presided over six public national programme of action evaluation meetings. On 29 May 1994, China held a national conference on national programme of action implementation chaired by state councillor and chairwoman of the National Coordinating Committee for Children and Women, Madame Peng Peiyn, and attended by vice-governors responsible for social programmes from every province, autonomous region and municipality. Representatives of 24 of Brazil's 27 States met in March 1994 to review progress during the first 200 days of Brazil's Pact for Children. The Prime Ministers of India, Pakistan, the United Republic of Tanzania and Thailand, among others, have all pledged to review regularly progress towards the goals of their programmes of action.

20. A number of countries have revised, or are revising, their national programmes of action to bring them up to date with recent developments, improve one or other portion of the programme or to incorporate mid-decade goals. Among these are Bolivia, Burundi, Chad, Côte d'Ivoire, the Dominican Republic, Honduras, Kenya, Malawi, United Republic of Tanzania, Trinidad and Tobago and Venezuela.

B. Developments at subnational levels

21. Perhaps the most remarkable development since the previous updated report is the widespread effort to decentralize the national programme of action process to provincial and municipal levels. Action programmes at provincial and/or municipal levels are known to be under development in 50 countries and planned in an additional 26. Every province in China has signed a contract with the National Coordinating Committee for Children and Women to prepare its own programme of action. Every State in India has been directed to do likewise and 8 states have already drafted these documents. In Latin America, 16 out of 24 countries surveyed by UNICEF are carrying out some form of decentralization of the national programme of action process. In the 2 largest countries of Latin America, Brazil and Mexico, virtually all States are involved. Provincial governors in the Philippines have signed a Declaration of Commitment for Children in the Countryside, in which they pledge to implement provincial plans of action, mobilize resources for doing so and produce annual progress reports for the President. Additional data are provided in table 3.

Table 3. Selected indicators for 50 countries with decentralized national programmes of action

LEVEL OF DECENTRALIZATION	Provincial or State level only	15 countries
	Municipal level only	7 countries
	Both levels	28 countries
COVERAGE	Whole country	24 countries
	Selected areas	26 countries
INSTITUTIONAL PARTICIPATION	Provincial/local government heads	17 countries
	Provincial/local government institutions	43 countries
	Other local institutions	34 countries
	National institutions	34 countries
	Non-governmental organizations	32 countries
	International organizations	16 countries

22. The Mayors' Initiative for Children, first launched in Italy, has now taken on global proportions. Mayors and municipal leaders from 45 countries of Africa, Asia, Europe, North and South America and Oceania, gathered at Mexico City in July 1993 at the second International Colloquium of Mayors, Defenders of Children, reiterated their commitment to achieving the goals established at the World Summit for Children and called upon their counterparts around the world to do likewise, adapting national programmes of action to municipal realities. The significance of support at municipal level is considerable since, in many countries, responsibility for health and education in urban areas is principally a municipal rather than a national responsibility.

23. This Colloquium has been followed by a number of regional activities, reported on below under each region, and follow-up action at the country level. In December 1993, the 60-member League of Cities of the Philippines signed a seven-point Declaration of Commitment to Children pledging to develop city plans of action for children within the framework of the national programme of action and the Convention on the Rights of the Child. Progress reports are to be submitted every year beginning at the end of 1994. In the Dominican Republic, 21 mayors from that country's central region held their first Regional Meeting of Mayors as Defenders of Children, committing themselves to promote and strengthen local initiatives in favour of children and urging all city council members across the country to come together on initiatives directed towards the healthy development of children. At Estelí, Nicaragua, 32 mayors committed themselves to preparing municipal plans of action for children. The interior ministry of Thailand held a two-day meeting for all mayors as a follow-up to the meeting held at Mexico City. The Mayor of Santa Cruz, Bolivia, met for three days with the mayors of that country's 10 largest towns. Mayors of Santiago,

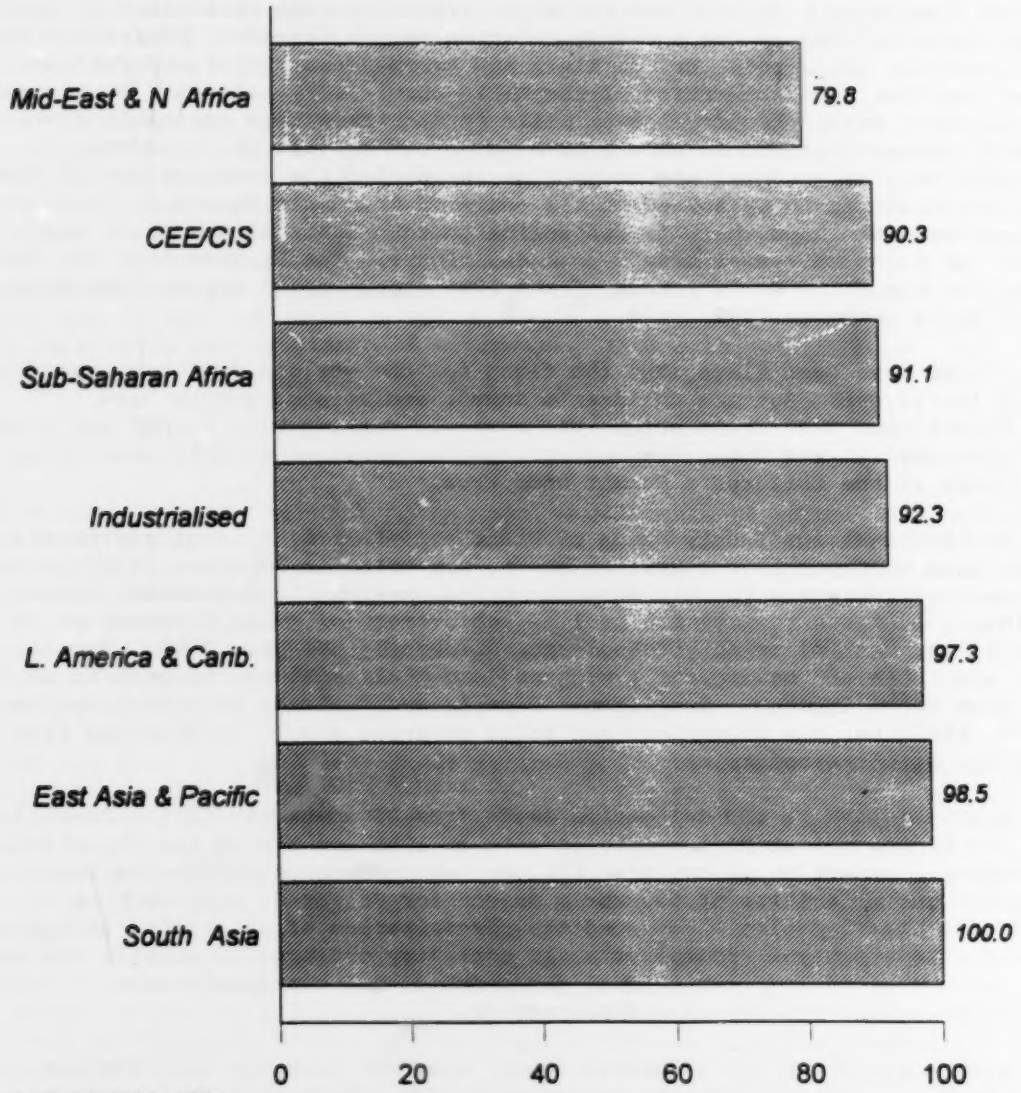
Chile, of Ibague, Colombia, and of Limbe, Cameroon, all held follow-up meetings. National meetings of mayors have also taken place in Argentina, Colombia, Guinea, Italy and Morocco.

IV. PROGRESS ON RATIFICATION AND IMPLEMENTATION OF THE CONVENTION ON THE RIGHTS OF THE CHILD

24. The vast majority of countries whose leaders pledged in the World Summit Declaration to work for early ratification of the Convention on the Rights of the Child have honoured that pledge. As of 20 July 1994, some 163 countries had ratified the Convention and an additional 11 had signed it. This Convention now has the highest number of ratifications of any international convention in history. Ninety-five per cent of children in the world are now covered by the Convention. Figure 3 shows how this coverage is distributed by region. Since the goal of universal ratification by 1995 was proposed by the 1993 UNICEF Executive Board, and subsequently endorsed by the World Conference on Human Rights, the pace of ratification has accelerated further. The Committee on the Rights of the Child is fully and effectively operational. By 20 July 1994 it had received 41 country reports on implementation of the Convention and had reviewed 22 of them in an atmosphere of mutual concern for overcoming obstacles to the full enjoyment of their rights by all children.

Figure 3: Convention on the Rights of the Child:

Percentage of children covered by Ratification*



* As of 20 July 1994.

V. HIGH-LEVEL COMMITMENT TO KEEPING THE PROMISE OF THE WORLD SUMMIT FOR CHILDREN

25. Children continue to have an increasingly prominent place at the top of the public agenda among world leaders. On the occasion of their receiving the Nobel prize for peace, then President F. W. de Klerk of South Africa dedicated his address "to the children of the world and to all those ... who are working to alleviate their plight", and Nelson Mandela, then President of the African National Congress, committed the new South Africa "to the relentless pursuit of the purposes defined in the World Declaration on the Survival, Protection and Development of Children". Mr. de Klerk and Mr. Mandela shortly thereafter signed together the Declaration of the World Summit for Children. At the eighth International Vatican Conference on Children and the Future, probably the largest international conference ever held on the subject of children, Pope John Paul II accepted the invitation to involve the institutions of the Roman Catholic Church in achieving the goals of the World Summit for Children and expressed the hope that the Convention on the Rights of the Child might soon become the first universal treaty on human rights. The President of the United States, at the White House launch of the 1994 State of the World's Children report on 21 December 1993, said

> "There have been times when the fight for the world's children seemed to be a losing one. But the Children's Summit and related events have transformed that frustration into hope ... Working with UNICEF and other governmental and non-governmental organizations, we want to make those goals at the Children's Summit come true."

26. On the education front, heads of State and other high level representatives of the nine most populous countries met at New Delhi in December 1993 for the nine-country Education for All Summit. China, Mexico and Indonesia, appear to be clearly on track towards the goal of achievement of primary education by at least 80 per cent of primary-school-age children by the year 2000. Brazil, Egypt and India are making rapid progress and could achieve the goal as well with some extra impetus. Bangladesh, Nigeria and Pakistan have much farther to go than the other six countries, but solid progress should be expected from at least two of these countries.

27. Health ministers and delegation heads from 38 countries of the Americas, Asia and Africa met at Mexico City in October 1993 and signed the "Initiative to accelerate a reduction in child mortality", which renewed their commitment to the goals and objectives of the World Summit for Children, endorsed the mid-decade health goals, encouraged the participation of all social groups and the media in programmes to reduce child mortality and urged that when donors forgive or reschedule international debt, debtor nations should make corresponding investments in social sectors.

28. Health ministers and bilateral donors also met with the Task Force for Child Survival and Development, sponsored by WHO, the United Nations Development Programme (UNDP), the World Bank, UNICEF and the Rockefeller Foundation, at New Delhi in February 1994 to discuss the mid-decade goals and strategies for supporting sustainable health systems.

VI. INVOLVEMENT OF THE PRIVATE SECTOR

29. Rotary International continues its outstanding support to the goal of world-wide polio eradication and has initiated the creation of a polio eradication network to strengthen social mobilization and communication activities in support of the goal. In addition to continued efforts in the western hemisphere, Rotary International is supporting polio elimination in such diverse places as Cambodia, Kenya, Eastern Europe and the Commonwealth of Independent States. Kiwanis International has recently committed itself to a major fund-raising effort in support of the virtual elimination of iodine deficiency disorders, with an initial rolling fund of $15 million. At the Junior Chamber International XLVIII World Congress in Hong Kong in November 1993, it was resolved to support the global goal of 80 per cent use of oral rehydration therapy by 1995, through communications and assistance in doubling global production capacity of oral rehydration salts from the current 500 million packets to one billion packets. In the Philippines, the Jaycees have signed an agreement with the Philippine Health Department and UNICEF to promote oral rehydration therapy for treatment of diarrhoea, using its 6,000 members throughout the country to organize classes for parents, conduct baseline surveys, set up oral rehydration salts depots and provide human resources to the Health Department during diarrhoea outbreaks. (See also part VIII, of the present report.)

VII. THE RESPONSE OF THE UNITED NATIONS SYSTEM

30. The Administrator of UNDP has written to all resident representatives urging them to give importance to the goals of the World Summit for Children, including the mid-decade goals, as part of their responsibilities and efforts to promote sustainable human development, encouraging them to consider what can be done by the international community to support national action towards the achievement of the goals, monitor progress towards their achievement, use them as a focus for human development advocacy and support them as part of the preparatory action for the World Summit for Social Development.

31. WHO has been in the forefront of follow-up activities to the World Summit for Children as they affect the health sector. The forty-sixth World Health Assembly in May 1993 reiterated earlier resolutions inviting WHO member States to give the political and economic priority necessary to implement the commitments set out in the Declaration and Plan of Action. 3/ The forty-seventh World Health Assembly, in May 1994, focused on the World Summit goal of empowering all mothers to breast-feed by passing resolution WHA47.5, which affirms and expands on prior World Health Assembly resolutions urging Governments to end free and low-cost supplies of breast-milk substitutes and urges member States to initiate the Baby-friendly Hospital Initiative. WHO and UNICEF are coordinating Summit follow-up activities at numerous secretariat levels, and also at the level of their governing bodies through the mechanism of the Joint Committee on Health Policy, which has discussed and approved the mid-decade goals. A joint letter from the Director-General of WHO and the Executive Director of UNICEF on the mid-decade goals was sent to all heads of State or Government at the beginning of 1994.

32. The development of measures for monitoring progress towards the decade goals is an important part of the follow-up process. WHO and UNICEF have agreed on a core set of indicators for all the health and nutrition goals. These indicators were circulated together with a joint statement on global monitoring of the health goals of the World Summit for Children on 9 November 1993. WHO will include these indicators in its periodic monitoring of progress towards health for all by the year 2000. UNDP and UNICEF are collaborating on the evaluation of aid flows taking place within the Development Assistance Committee of the Organisation for Economic Cooperation and Development.

33. The United Nations Educational, Scientific and Cultural Organization (UNESCO), together with UNICEF and the United Nations Population Fund (UNFPA), was involved in the initiative to focus on the nine largest developing countries, where the majority of the world's illiterate population live. This initiative was endorsed at the highest level of government at the Education for All Summit at New Delhi in December 1993. Cooperation between the governing bodies of UNICEF and UNESCO on Summit follow-up is institutionalized through the mechanism of the Joint Committee on Education.

34. Concern for children in conflict situations expressed in both the Declaration and the Plan of Action of the World Summit for Children have been addressed by the Office of the United Nations High Commissioner for Refugees (UNHCR) in joint UNHCR/UNICEF statements on the evacuation of refugee children, joint missions to address the rights of children who are unaccompanied or at risk of abandonment as a result of conflict, the inclusion of funds for education in joint emergency appeals and efforts to try to respond immediately to the psycho-social needs of children traumatized by conflict.

35. The long standing efforts of the International Labour Organization (ILO) to protect working children and abolish child labour have received added impetus with the establishment of the Interdepartmental Project on Elimination of Child Labour (INTERDEP) and the International Programme for the Elimination of Child Labour (IPEC). INTERDEP concentrates on promoting policies on the abolition of child labour and the protection of working children through regional and national seminars, awareness raising, and research on the nature and extent of the problem and possible approaches to alleviating it. Through IPEC, this work is translated into action projects at the local and national levels. In addition to the first six IPEC projects in Brazil, India, Indonesia, Kenya, Thailand and Turkey, six new ones were initiated during the past year in Bangladesh, Cameroon, Egypt, Pakistan, the Philippines and the United Republic of Tanzania. In these activities, ILO collaborates with other international organizations, particularly UNICEF and the United Nations Committee on the Rights of the Child.

36. UNFPA also attaches considerable importance to the Declaration and Plan of Action adopted at the World Summit, which is complementary to and supportive of the Amsterdam Declaration on a Better Life for Future Generations (A/C.2/44/6). The commitment of UNFPA to the goals of the World Summit will be again reinforced by the outcome of the International Conference on Population and Development at Cairo in September 1994.

37. The World Bank's lending for education and health has grown substantially (by more than three-fold for education and twenty-fold for population, health and nutrition since the early 1980s) with an increasing shift within these sectors to primary health care and primary education. The Bank is involved in national programme of action implementation in the fields of health and nutrition in Argentina, Ecuador and Nepal; in water and sanitation in Bhutan and Madagascar, in control of iodine deficiency disorders in Madagascar and Malawi, in education in Belize and the Dominican Republic and in surveys and monitoring in Chad, the Islamic Republic of Iran, Kenya, Nicaragua and Zambia. National programmes of action have been discussed at consultative group meetings of donors held under World Bank auspices, notably for Ghana and Zambia.

38. From the Executive Director to the furthest outposted member of its field staff, UNICEF has given top priority during the past year to supporting developing countries in their efforts to achieve the mid-decade goals as an integral step towards the achievement of the goals for the year 2000. Progress reviews have been held region by region and a trimestral reporting system has been established. At its 1994 annual session, UNICEF's Executive Board invited all countries to review their national programmes of action to ensure that the mid-decade goals are appropriately incorporated into their national planning processes and that sufficient priority and resources are devoted to their achievement. The Board also urged the Preparatory Committee of the World Summit for Social Development to take into account the Declaration and Plan of Action of the World Summit for Children in its preparatory draft documents, and noted that the World Summit for Social Development provides an occasion for the nations of the world to report on the progress being made in keeping the promises made for children at the World Summit for Children, with special reference to progress being made towards the mid-decade goals.

VIII. NON-GOVERNMENTAL ORGANIZATIONS

39. Non-governmental organizations have been involved in preparation and/or implementation of national programmes of action in some 80 countries around the world. The strong support of national programmes of action for universal ratification and implementation of the Convention on the Rights of the Child continues unabated. Sixty-six national coalitions have been established to provide alternative reports to the Committee on the Rights of the Child. Inputs from non-governmental organizations have been received in all cases reviewed by the Committee so far. A major conference on "The Rights of the Child in Central America, Belize, Mexico and Panama" was sponsored by the Non-Governmental Organizations Committee on UNICEF in November 1993, with financial support from the Netherlands.

40. The Education for All Network continues to build coalitions in support of the education goals, most recently in Central Europe, with a consultation for West and Central Africa scheduled for December 1994. The heads of four major international non-governmental organization, the Save the Children Federation, World Vision, Plan International and Christian Children's Fund reached an agreement with UNICEF in May 1994 on collaboration towards the education of the girl child.

41. Religious groups have been active in supporting World Summit follow-up activities. In May 1994, the Patriarch of the Ethiopian Orthodox Church agreed to promote immunization and oral rehydration therapy among the church's 25 million followers, establishing a task force to formulate a two-year plan of action to follow-up on this commitment. A major "keep the promise to children" meeting of more than 100 leaders of 8 religions and indigenous traditions from 14 countries of Asia and the Pacific took place at Melbourne, Australia, in September 1993. Participants issued a statement and action plan urging spiritual and religious people and institutions to work towards the World Summit for Children goals and universal ratification of the Convention on the Rights of the Child, drawing on the ethical traditions and teachings of their respective faiths.

42. The World Alliance of Breast-feeding Action, a coalition of non-governmental organizations, has continued its very active support to breast-feeding and the Baby-friendly Hospital Initiative. Its members, such as La Leche League International, the International Baby Food Action Network and Wellstart, continue training of health professionals in lactation management, advocating the adoption of the International Code of Marketing on Breast-milk Substitutes at the national level, organizing mother support groups for breast-feeding, and raising public awareness of the benefits of breast-feeding.

43. The International Olympic Committee reached an agreement with UNICEF in January 1994 to support actions to revive the ancient Greek tradition of the "Olympic truce", calling for the cessation of all wars during the forthcoming games and encouraging athletes to become spokespersons for peace and health initiatives.

IX. REGIONAL DEVELOPMENTS

A. Sub-Saharan Africa

44. In June 1994 the Council of Ministers of OAU, meeting at Tunis, reiterated its support for the Consensus of Dakar (A/C.2/47/13, annex). The Dakar Consensus was drawn up when delegations of some 44 Governments, most of them led at the ministerial level, met at the OAU International Conference on Assistance to African Children at Dakar in November 1992. In that document, the Governments, together with donor partners from 18 industrialized countries and representatives of international financial institutions, the United Nations and regional organizations and international and African non-governmental organizations, reaffirmed the need to translate the commitments of the World Summit for Children into concrete programmes of action that can be implemented.

45. Specifically, the African countries attending the Dakar Conference committed themselves (a) to develop and implement national programmes of action and to incorporate them into their bilateral and multilateral consultative processes and development programmes; (b) to undertake new efforts to resolve and prevent conflicts in Africa and to apply universally the principles of "corridors of peace" and "days of tranquillity"; (c) to restructure government budgets to support the key goals of their national programmes of action and shift resources away from non-productive uses, such as military/internal

security expenditures and subsidies for inefficient state organizations; and (d) to support an increase in domestic resource mobilization through such actions as national tax reform and the encouragement of community actions and contributions. The African countries also committed themselves to reaching a set of intermediate goals by 1995.

46. Donor and international financial institutions present at the Dakar Conference also committed themselves to providing resources to support national programmes of action and to increasing and sustaining the share of official development assistance (ODA) commitment to social priority sectors by 1995 in line with increasing commitments by African countries ... bearing in mind the level of 20 per cent of ODA for these sectors recommended in the Human Development Report 1992 4/ of the United Nations Development Programme. Donor partners and international financial institutions also committed themselves to making every effort to promote debt cancellation or relief for African countries. A continental follow-up mechanism involving the Economic Commission for Africa, the African Development Bank and UNICEF was established under the auspices of OAU to monitor the overall formulation and implementation of national programmes of action and submit progress reports to the OAU Assembly of Heads of State and Government (see A/48/322, annex I, CM/Res.1464 (LVIII)).

47. Mayors of 13 West African capitals met at Freetown in December 1993 to adopt the "Freetown declaration" calling on political leaders to support and encourage municipalities in implementation of World Summit for Children goals.

B. Asia

48. In April 1993 at Dhaka the seventh Summit of Heads of State and Government of SAARC endorsed the Colombo Resolution (A/C.3/47/10, annex) strongly linking it with a collective commitment to eradicate poverty over the next 10 years. The Colombo Resolution was the product of the second SAARC Conference on South Asian Children held at Colombo in September 1992, where ministers and other senior officials recommended a set of intermediate targets aimed at catalysing and accelerating progress towards the goals for the decade. These include access to, and enrolment in, primary education for at least 80 per cent of boys and 75 per cent of girls, and completion of primary education by at least 50 per cent of girls and boys by 1995; universal use of oral rehydration therapy for home-based treatment of diarrhoea and universal access to oral rehydration salts by 1996; progressive reduction of gender disparity in all the goal-related indicators; and raising the minimum age of marriage for girls to at least 18 years.

49. At the September 1993 Regional Ministerial Consultation at Manila, 17 countries signed the "Manila consensus", in which they reaffirmed their commitment to pursue vigorously the goals of their respective national programmes of action and to adopt policies, programmes and relevant strategies that will achieve the mid-decade goals by the end of 1995. They also urged Member States to use the occasion of the World Summit for Social Development in 1995 to provide information on the progress being made in achieving the mid-decade goals.

C. Middle East and North Africa

50. Arab health ministers, meeting at Cairo, in March 1994, reaffirmed their commitment to the Pan-Arab Plan for Child Survival, Protection and Development, adopted by the League of Arab States at a high-level meeting at Tunis in November 1992. That plan set targets for the year 1995 which include eradication of polio, 95 per cent reduction of measles deaths in the region, elimination of neonatal tetanus, 80 per cent usage of oral rehydration therapy, universal salt iodization, halting free distribution of breast-milk substitutes and designation of all major hospitals as "baby-friendly". The meeting called for effective monitoring systems in every Arab State and established a permanent committee for follow-up to the implementation of the plan.

D. Latin America and the Caribbean

51. High-level officials, including 17 ministers, representing 28 western hemisphere countries, meeting at Santa Fé de Bogotá in April 1994, issued the "Nariño accord" renewing the commitment of their countries to achieving the mid-decade and end-of-decade goals for children. This second Hemispheric Meeting on Children and Social Policy reviewed the objectives of the World Summit for Children within the framework of human development, poverty reduction, decentralization and the family. It was resolved to hold annual meetings of the organizations and authorities responsible for national programmes of action in the region. This accord was subsequently endorsed by the fourth Ibero-American Summit at Cartagena, Colombia, in June 1994.

52. The Inter-American Development Bank has made a major policy decision to increase lending in the social sectors to 50 per cent of all projects and 40 per cent of total loan value.

53. The Latin America and Caribbean region has taken the lead in efforts to decentralize the national programme of action process to provincial and municipal levels. Following the International Colloquium of Mayors in July 1993 at Mexico City, the follow-up Latin American and Caribbean Mayors Coordinating Group met in November 1993 at Quito setting the pace for the new participation of local governments in the achievement of the national programme of action goals. Noteworthy initiatives include the establishment of a Code for Mayors as Defenders of Children and the Certification of Public Works for Children.

54. Technical meetings on Summit follow-up have involved numerous regional institutions. An inter-agency committee consisting of representatives of the Pan American Health Organization (PAHO), WHO, UNFPA, the Inter-American Development Bank and the United States Agency for International Development has been meeting regularly to review progress towards the decade goals in the health sector and to agree on strategies for achieving them.

E. Central and Eastern Europe and the Commonwealth of Independent States

55. Following the April 1993 Central and Eastern European seminar on "Strategies for children during the transition", held at Budapest, at which participants pledged to work for early national programme of action finalization and implementation of the Convention on the Rights of the Child, preparation of a programme of action is under way in Albania, Belarus, Bulgaria, the Czech Republic, Hungary, Romania, the Russian Federation, Slovakia and Ukraine.

56. In September 1993 at the United Nations, the heads of State and/or Government of the Baltic republics of Estonia, Latvia and Lithuania, as well as Tajikistan, signed the Declaration and Plan of Action of the World Summit for Children. Subsequently, a regional seminar for the Baltic republics on developing national programmes of action was held at Riga from 27 to 29 September. In a final statement, the officials and experts called on the presidents of the Baltic States to lead in developing national programmes of action for the comprehensive and appropriate development of children and strengthening of the family.

57. In January 1994 at Tehran, health ministers and, subsequently, foreign ministers of the 10-country Economic Cooperation Organization (Afghanistan, Azerbaijan, Iran (Islamic Republic of), Kazakhstan, Kyrgyzstan, Pakistan, Tajikistan, Turkey, Turkmenistan and Uzbekistan) endorsed early action on the Convention on the Rights of the Child and established four working sessions during 1994 to address achievement of the mid-decade goals. In July 1994, delegations led by deputy prime ministers for the four Central Asian Republics of Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan met at Beijing to discuss the social aspects of transition and structural adjustment and reaffirmed the support of their countries for the mid-decade and end-decade goals of the World Summit for Children.

F. Industrialized countries

58. The Mayors' Initiative, mentioned in paragraph 16 above, has not been limited to developing countries. Italian mayors have been involved from the beginning. Spanish mayors also held their first meeting at Pamplona in October 1993 to manifest their concerns for children. Paris is hosting the next gathering of mayors on 8-9 December 1994, and the mayor of Washington, D.C., is actively involved in the initiative.

59. Australia launched its national programme of action in April 1994. The programme was also reflected in the country's 1994/1995 budget which contains new programmes for payments to working parents for child care costs and payments to parents who have withdrawn from the labour market to care for their children. Funding is also provided for the first national strategy to prevent child abuse and a new national initiative on childhood immunization. The budget for overseas aid includes a new initiative to eradicate polio and neonatal tetanus in countries assisted by Australian development cooperation.

X. RESOURCE MOBILIZATION

60. The reallocation of government budgets to increase the proportion devoted to the goals of a country's national programme of action is often crucial to the achievement of those goals. Bhutan's national programme of action projects increases from 8.3 to 11.2 per cent of the budget for education and from 4.3 to 6.7 per cent for health during the period 1991-1997. Chile has earmarked $700 million, in addition to its current annual social sector budget of $6 billion, for financing its programme of action during the period 1993-2000. Senegal plans to increase the share of its expenditure for health sectors from the current 4.8 per cent to 9 per cent by the year 2000. Egypt's programme of action is assigned 7.5 per cent of the budget in the 1992-1997 development plan. Viet Nam approved major budgetary increases for health and education for fiscal year 1994/1995. Reductions in expenditure on armaments are specifically mentioned in the programmes of action of Namibia and Zimbabwe. Mexico's social expenditure as a percentage of gross domestic product (GDP) has grown from 6.1 per cent in 1989 to 9.7 per cent in 1993. This upward trend, though preceded by a steep decline during the 1980s, has been explicitly linked with the national programme of action process. Mexico is perhaps the only country reporting specifically child-related expenditure as a percentage of GDP, which has risen from 3.1 per cent in 1989 to 4.4 per cent in 1993. Other countries reporting budgetary restructuring and increased social sector expenditure include the Gambia, Peru, Sierra Leone, Uganda, and Uruguay.

61. While developing countries are making major commitments and achieving substantial results, the donor community, with some notable exceptions, needs to do more to demonstrate the collective resolve to provide the modest level of resources required to sustain their part of the effort. The World Bank and the Inter-American Development Bank have made major shifts towards the social sectors, especially health and education, in their lending policies, as already reported above. Donor support for emergencies has increased, but official development assistance as a whole is stagnating. Increased demand for international financing in the Commonwealth of Independent States, for emergency assistance and for peace-keeping is reducing the financing available for Africa, Asia and Latin America. The key issue for the achievement of the goals of the World Summit for Children will be the extent to which industrialized countries honour their World Summit commitments to support developing countries in the achievement of these goals.

62. One promising avenue for financing the achievement of national programmes of action in the short run is through the application of the 20/20 concept. This UNICEF and UNDP initiative, building on ideas first presented in 1991 and 1992 in the Human Development Report of UNDP and grounded in cost estimates for the achievement of the World Summit for Children goals, is aimed at assuring that developing countries devote at least 20 per cent of government expenditure to basic human needs (primary health care, including family planning, nutrition, basic education, and low-cost water and sanitation) and that donor countries should devote at least 20 per cent of ODA to these same priority areas. Prime Minister Brundtland of Norway, in her Rafael M. Salas Lecture at the United Nations on 28 September 1993, called the allocation of 20 per cent of government expenditure and 20 per cent of development aid to priority human concerns a minimum requirement. This concept of 20/20 was formally endorsed in 1992 by the

OAU International Conference on Assistance to African Children, by the 1993 Asia and Pacific Ministerial Consultation on Goals for Children in the 1990s and by the Eleventh Ministerial Conference of the countries of the Non-Aligned Movement at Cairo in June 1994. While this concept is being discussed in various international forums, its application to both bilateral and multilateral cooperation need not await prolonged technical discussions. The World Summit for Children's Plan of Action called upon each country to reexamine its current national budget, and in the case of donor countries, their development assistance budgets, to ensure that programmes aimed at the achievement of the goals for the survival, protection and development of children will have a priority when resources are allocated.

XI. THE FORTHCOMING MID-DECADE REVIEW

63. Paragraph 35 (iv) of the World Summit Plan of Action requested the Secretary-General to arrange for a mid-decade review, at all appropriate levels, of the progress being made towards implementation of the commitments of the Declaration and Plan of Action.

64. The World Summit for Social Development in April 1995 offers an opportunity for countries to assess progress for children, especially on the mid-decade goals, on the basis of data available at that time. The Summit can be instrumental in preparing for the review of the situation at mid-decade.

65. The sixth Anniversary of the World Summit for Children on 30 September 1996 would appear to be an appropriate moment to announce the status of progress for children at mid-decade (the end of 1995) and for a more complete assessment of achievements as regards the mid-decade goals. The timing is such that it should give countries and regions the opportunity to hold their own assessments of these results and for the international community to register 1995 data. The review's form and choice of participants requires discussion involving the relevant United Nations bodies and partners, both public and private. Such a review could also be a launching pad for the second phase of the world-wide effort towards achievement of the full set of goals for the year 2000.

66. Industrialized countries should participate in the mid-decade review along with the rest of the international community. A particular issue in this respect is the unavailability of recent data from many industrialized countries on some indicators such as, for example, immunization, breast-feeding, vitamin A and early child development. There is also a need for a few of the indicators agreed upon by WHO, UNICEF and other organizations for measuring progress towards the goals to be refined to take into account the realities of industrialized countries.

67. In paragraph 35 (v) of the World Summit Plan of Action, the governing bodies of the relevant specialized agencies and United Nations organs were requested to include a periodic review of the implementation of the Declaration and the Plan of Action at their regular sessions and to keep the General Assembly of the United Nations, through the Economic and Social Council, fully informed of progress to date and additional action required during the decade

ahead. It would be appropriate for heads of agencies to be reminded of this request in time for them to take the necessary action.

XII. THE CHALLENGES AHEAD

68. The main challenge ahead is, of course, the achievement of the goals and objectives of the World Summit for Children. In order to do this, however, several other challenges must be dealt with:

(a) Achievement of the mid-decade goals as a set of milestones to be passed on the road towards those for the decade;

(b) The mobilization of adequate resources for implementation of national programmes of action and the Convention, by developing countries through systematic review and appropriate reallocation of national budgets, and by donors through a higher proportion of ODA for basic human needs;

(c) The reinforcement of systems for monitoring progress towards the goals, with capacity for wide public review of progress and shortfalls;

(d) Sustaining the momentum for "keeping the promise" of the Summit and the Convention, internationally and nationally, through advocacy and social mobilization.

69. At a deeper level, there is need for increased recognition that the achievement of the decade's goals for children would contribute to and help catalyze the realization of so many other goals to which the human community aspires, such as slowing population growth rates, accelerating economic growth, improving the environment and overcoming the worst aspects of poverty.

Notes

1/ General Assembly resolution 44/25 of 20 November 1989, annex.

2/ See Report of the World Conference on Human Rights, Vienna, 14-25 June 1993 (A/CONF.157/24, parts I and II).

3/ World Health Assembly resolutions WHA46.17 and 46.18.

4/ United Nations Development Programme, Human Development Report, 1992 (New York, Oxford University Press, 1992).

ANNEX I

STATUS OF SIGNATURES ON THE DECLARATION OF THE WORLD SUMMIT FOR CHILDREN AS OF 20 JULY 1994

COUNTRIES THAT HAVE SIGNED THE WORLD SUMMIT FOR CHILDREN DECLARATION (150)				NOT SIGNED (31)
Afghanistan	Federal Republic of Yugoslavia (Serbia and Montenegro)	Mexico	The former Yugoslav Republic of Macedonia	Andorra
Albania	Finland	Monaco	Togo	Angola
Algeria	France	Mongolia	Trinidad and Tobago	Azerbaijan
Antigua and Barbuda	Fiji	Morocco	Tunisia	Bahamas
Argentina	Gabon	Mozambique	Turkey	Bahrain
Armenia	Gambia	Namibia	Turkmenistan	Bosnia and Herzegovina
Australia	Germany	Nepal	Uganda	Brunei Darussalam
Austria	Ghana	Netherlands	Ukraine	Croatia
Bangladesh	Greece	New Zealand	United Kingdom of Great Britain and Northern Ireland	Cyprus
Barbados	Grenada	Nicaragua	United Republic of Tanzania	Czech Republic
Belarus	Guatemala	Niger	United States of America	Iraq
Belgium	Guinea	Nigeria	Uruguay	Kyrgyzstan
Belize	Guinea-Bissau	Norway	Vanuatu	Kiribati
Benin	Guyana	Pakistan	Venezuela	Libyan Arab Jamahiriya
Bhutan	Haiti	Panama	Viet Nam	Malta
Bolivia	Holy See	Papua New Guinea	Yemen	Micronesia
Botswana	Honduras	Paraguay	Zaire	Myanmar
Brazil	Hungary	Peru	Zambia	Nauru
Bulgaria	Iceland	Philippines	Zimbabwe	Oman
Burkina Faso	India	Poland		Republic of Moldova
Burundi	Indonesia	Portugal		San Marino
Cameroon	Iran (Islamic Republic of)	Qatar		Saudi Arabia
Cambodia	Ireland	Republic of Korea		Seychelles
Canada	Israel	Republic of Georgia		Singapore
Cape Verde	Italy	Romania		Slovenia
Central African Republic	Jamaica	Russian Federation		Slovak Republic
Chad	Japan	Rwanda		Somalia
Chile	Jordan	Sao Tome and and Principe		Tonga
China	Kazakhstan	Saint Kitts and Nevis		Tuvalu
Colombia	Kenya	Saint Lucia		United Arab Emirates
Comoros	Kuwait	Saint Vincent and the Grenadines		Uzbekistan
Congo	Lao People's Democratic Republic	Samoa		
Costa Rica	Latvia	Senegal		
Cote d'Ivoire	Lebanon	Sierra Leone		
Cuba	Lesotho	Solomon Islands		
Democratic People's Republic of Korea	Liberia	South Africa		
Denmark	Liechtenstein	Spain		
Djibouti	Lithuania	Sri Lanka		
Dominica	Luxembourg	Sudan		
Dominican Republic	Madagascar	Suriname		
Ecuador	Malawi	Swaziland		
Egypt	Malaysia	Sweden		
El Salvador	Maldives	Switzerland		
Equatorial Guinea	Mali	Syrian Arab Republic		
Eritrea	Marshall Islands	Tajikistan		
Estonia	Mauritania	Thailand		
Ethiopia	Mauritius			

ANNEX II

STATUS OF THE CONVENTION ON THE RIGHTS OF THE CHILD AS OF 20 JULY 1994

STATE PARTIES TO THE CONVENTION BY RATIFICATION, ACCESSION OR SUCCESSION (163)			STATES THAT HAVE SIGNED BUT NOT YET RATIFIED (11)	STATES THAT ARE NEITHER STATE PARTIES NOR HAVE SIGNED (16)
Afghanistan	Finland	Norway	Eritrea	Andorra
Albania	France	Pakistan	Haiti	Botswana
Algeria	Gabon	Panama	Kazakhstan	Brunei Darussalam
Angola	Gambia	Papua New Guinea	Liechtenstein	Kyrgyzstan
Antigua and Barbuda	Germany	Paraguay	Netherlands	Kiribati
Argentina	Ghana	Peru	Qatar	Malaysia
Armenia	Greece	Philippines	Samoa	Nauru
Australia	Grenada	Poland	South Africa	Oman
Austria	Guatemala	Portugal	Swaziland	Saudi Arabia
Azerbaijan	Guinea	Republic of Georgia	Switzerland	Singapore
Bahamas	Guinea-Bissau	Republic of Korea	Turkey	Solomon Islands
Bahrain	Guyana	Republic of Moldova		Somalia
Bangladesh	Holy See	Romania		Tonga
Barbados	Honduras	Russian Federation		Tuvalu
Belarus	Hungary	Rwanda		United Arab Emirates
Belgium	Iceland	Saint Kitts and Nevis		United States of America
Belize	India	Saint Lucia		
Benin	Indonesia	Saint Vincent and the Grenadines		
Bhutan	Iran (Islamic Republic of)	San Marino		
Bolivia	Iraq	Sao Tome and and Principe		
Bosnia and Herzegovina	Ireland	Senegal		
Brazil	Israel	Seychelles		
Bulgaria	Italy	Sierra Leone		
Burkina Faso	Jamaica	Slovenia		
Burundi	Japan	Slovak Republic		
Cambodia	Jordan	Spain		
Cameroon	Kenya	Sri Lanka		
Canada	Kuwait	Sudan		
Cape Verde	Lao People's Democratic Republic	Suriname		
Central African Republic	Latvia	Sweden		
Chad	Lebanon	Syrian Arab Republic		
Chile	Lesotho	Tajikistan		
China	Liberia	Thailand		
Colombia	Libyan Arab Jamahiriya	The former Yugoslav Republic of Macedonia		
Comoros	Lithuania	Togo		
Congo	Luxembourg	Trinidad and Tobago		
Costa Rica	Madagascar	Tunisia		
Cote d'Ivoire	Malawi	Turkmenistan		
Croatia	Maldives	Uganda		
Cuba	Mali	Ukraine		
Cyprus	Malta	United Kingdom of Great Britain and Northern Ireland		
Czech Republic	Marshall Islands	United Republic of Tanzania		
Democratic People's Republic of Korea	Mauritania	Uruguay		
Denmark	Mauritius	Uzbekistan		
Djibouti	Mexico	Vanuatu		
Dominica	Micronesia	Venezuela		
Dominican Republic	Monaco	Viet Nam		
Ecuador	Mongolia	Yemen		
Egypt	Morocco	Zaire		
El Salvador	Mozambique	Zambia		
Equatorial Guinea	Myanmar	Zimbabwe		
Estonia	Namibia			
Ethiopia	Nepal			
Federal Republic of Yugoslavia (Serbia and Montenegro)	New Zealand			
Fiji	Nicaragua			
	Niger			
	Nigeria			